

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                  |                                   |                                     |   |          |  |  |  |  |  |  |
|--|-----------------------------------|-------------------------------------|---|----------|--|--|--|--|--|--|
| 1 Date of Request: <u>5-3-07</u>                               |                                   | 2 Serial/Patent # <u>09/825258</u>  |   |          |  |  |  |  |  |  |
| 3 Please refund the following fee(s):                          |                                   | 4 PAPER NUMBER                      | 5 DATE FILED  | 6 AMOUNT |  |  |  |  |  |  |
|  | Filing                            |                                     |   | \$       |  |  |  |  |  |  |
|  | Amendment                         |                                     |   | \$       |  |  |  |  |  |  |
|  | Extension of Time                 |                                     |   | \$       |  |  |  |  |  |  |
|  | Notice of Appeal/Appeal           |                                     |   | \$       |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>                            | Petition                          |                                     | 6-21-06   | \$ 400   |  |  |  |  |  |  |
|  | Issue                             |                                     |   | \$       |  |  |  |  |  |  |
|  | Cert of Correction/Terminal Disc. |                                     |   | \$       |  |  |  |  |  |  |
|  | Maintenance                       |                                     |   | \$       |  |  |  |  |  |  |
|  | Assignment                        |                                     |   | \$       |  |  |  |  |  |  |
|  | Other                             |                                     |   | \$       |  |  |  |  |  |  |
| 7 TOTAL AMOUNT OF REFUND                                       |                                   |                                     | \$ 400  |          |  |  |  |  |  |  |
| 8 TO BE REFUNDED BY:   |                                   |                                     |   |          |  |  |  |  |  |  |
| 10 REASON:   |                                   | <input checked="" type="checkbox"/> | Treasury Check <i>Credit Card</i>   |          |  |  |  |  |  |  |
|  | Overpayment                       |                                     | Credit Deposit A/C #:   |          |  |  |  |  |  |  |
|  | Duplicate Payment                 |                                     | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |          |  |  |  |  |  |  |
|  |                                   |                                     |   |          |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>                            | No Fee Due (Explanation):         |                                     |   |          |  |  |  |  |  |  |
| Request for expedited consideration of fee to resume not given |                                   |                                     |   |          |  |  |  |  |  |  |
| 11 REFUND REQUESTED BY:  |                                   |                                     |   |          |  |  |  |  |  |  |
| TYPED/PRINTED NAME: Frances Hicks                              |                                   | TITLE: Petitions Examiner           |   |          |  |  |  |  |  |  |
| SIGNATURE: <u>Frances Hicks</u>                                |                                   | PHONE: x23218                       |   |          |  |  |  |  |  |  |
| OFFICE: Office of Petitions                                    |                                   |                                     |   |          |  |  |  |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****          |                                   |                                     |   |          |  |  |  |  |  |  |
| APPROVED: <u>CKH/05</u>  |                                   | DATE: <u>5/3/07</u>                 |   |          |  |  |  |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B